

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-015563

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **2178**

FILED MAY 7 1962

VS 300
Rev. 4/59

DATE AMENDED

4-25-62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

no

ITEM NO. SHOULD READ

yes W. W. II

Discharge paper

DOCUMENT

BY AFFIDAVIT OF Funeral Director

THEODORE F. FOSTER

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7934 MAIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON c. CITY OR TOWN KANSAS CITY d. STREET ADDRESS 7934 MAIN	
3. NAME OF DECEASED (Type or print) First JOHN Middle ELSON Last WORKMAN		4. DATE OF DEATH Month APRIL Day 17 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-23-1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TOOL CRIB ATTENDANT		10b. KIND OF BUSINESS OR INDUSTRY BENDIX	9. AGE (last birthday) 49
11a. FATHER'S NAME JAMES C. WORKMAN		11. BIRTHPLACE (City and state or country) MURRAY, KENTUCKY	
12a. MOTHER'S MAIDEN NAME LULA CRASS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		14. NAME OF HUSBAND OR WIFE STELLA LUCILLE WORKMAN	
15. SOCIAL SECURITY NO. 4-17-62		16. INFORMANT STELLA WORKMAN	
17. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory Failure DUE TO (b) Coronary Occlusion DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month _____ Day _____ Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from July 1, 1961 to April 14, 1962 and last saw her alive on April 14, 1962 Death occurred at about 10:00 a.m. on 4-17-62 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Theodore F. Foster, D.O.		22b. ADDRESS 6305 Main, Kansas City, Mo.	
22c. DATE SIGNED Apr. 18, 1962		22d. DATE RECD. BY LOCAL REG. 4-19-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4-19-62	
23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY		23d. LOCATION (City, town, or county) KANSAS CITY, MISSOURI	
24. FUNERAL DIRECTOR WORNALL FUNERAL HOME INC. K.C. MO.		25. REGISTRAR'S SIGNATURE Ruth Long	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. C. Rine

Licensed Embalmer No. 4879

P. O. Address K.P. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.